



MINNESOTA STATE

# MAPE PROFESSIONAL DEVELOPMENT TUITION APPLICATION

Minnesota State Colleges and Universities

**Note:** The provisions for professional development tuition eligibility can be found in Appendix N, Section XV of the [MAPE collective bargaining agreement](#).

**PLEASE PRINT**

**I. INFORMATION BELOW TO BE COMPLETED BY EMPLOYEE:**

Employee's Name:	Employed at College/University:	
Employee ID#:	Work Phone:	
Student ID #:	College/University where credits will be used:	
Term credits are used:	Year credits are used:	
<b>Title of Class</b>	<b>Credits</b>	<b>Type of Credits:</b>
1.		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Doctorate
2.		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Doctorate
3.		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Doctorate
4.		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Doctorate

**II. TAX IMPLICATIONS**

- Graduate credits for an employee are subject to taxation at the time the annual calendar year limit of \$5,250 is exceeded.
- Taxation also applies to graduate courses dropped after the add/drop date.

**Check here**  I have read and understand the tax implications for the use of professional development as stated above.

**EMPLOYEE SIGNATURE**

<i>Signature of Employee:</i>	<i>Date:</i>
<ul style="list-style-type: none"> <li>• Normal Student Registration procedures must be followed.</li> <li>• Completing this form does not constitute registration for the class/classes.</li> <li>• Professional development credits are only available if there is sufficient class space.</li> </ul>	

**SUPERVISOR SIGNATURE**

I verify the employee:

has satisfied the eligibility requirements of the MAPE bargaining agreement.

has an approved professional development plan on file.

<i>Signature of Supervisor:</i>	<i>Date:</i>
---------------------------------	--------------

**INFORMATION TO BE COMPLETED BY THE HOME CHIEF HUMAN RESOURCES OFFICER/DESIGNEE:**

<i>Signature of CHRO/Designee:</i>	Credits used this term:	Term:	Year:
	Print Title:		
Print Name:	Date:	Phone:	